



State of Arizona Acupuncture Board of Examiners

1400 West Washington, Suite 230, Phoenix, Arizona 85007

(602) 542-3095 FAX (602) 542-3093

website: www.azacuboard.az.gov

Acupuncture License Renewal Application

A.R.S. § 32-3922

Scope of License :

Unrestricted practice of acupuncture
in the State of Arizona

Term:

One year

A license holder who fails to renew on or before the date the license expires shall immediately cease and desist from engaging further in any practice until the license is reinstated.

Requirements For Renewal of License

1. Submit renewal fee of \$275.00 by check or money order payable to the Arizona Acupuncture Board of Examiners. DO NOT SEND CASH.
2. Complete all sections of this application and return
3. The Continuing Education requirements for renewal are:
 - a) A license holder shall complete a minimum of 15 hours of Board approved continuing education per year.
 - b) An acupuncturist shall retain for a minimum of 2 years records of all continuing education course work completed which indicate the provider's name, title of the course or program, date and location of the course or program and the number of continuing education credits awarded. The Board, at its discretion, may audit a random sample of acupuncturists who report compliance with the continuing education requirement.
 - c) Instructors of approved continuing education courses may receive 1 hour of continuing education credit for each classroom hour taught, up to a maximum of 2 hours of continuing credit per year. Participation as a member of a panel presentation for an approved course does not entitle the participant to earn continuing education credit as an instructor.
 - d) An acupuncturist may use up to 4 hours of continuing education in acupuncture practice management or medical ethics per year.
 - e) An acupuncturist may receive 10 hours credit for each article written on the practice of acupuncture or oriental medicine that is published in a peer-reviewed professional journal during the year for which the hours apply.
4. Incomplete renewal applications will be returned.

Reinstatement of License

1. Submit renewal application
2. Submit renewal fee of \$275.00 plus a \$100.00 late fee.
3. Submit documentation of 15 hours of continuing education attendance within 12 months from the date of expiration.
4. If the license is expired for more than 12 months, the former license holder must re-apply for licensure.

ADMINISTRATIVE USE ONLY:

Date Received: _____ Amount: _____ Check No.: _____ Receipt No.: _____

Answer The Following Questions Relating To The Last 12-Months

- Yes No** Has any licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, denied you a license or certificate to practice acupuncture; or revoke, suspend, limit, restrict, or take any other action regarding your license or certificate to practice acupuncture? If so, provide an explanation.
- Yes No** Have you been convicted of a crime, including driving under the influence of drugs or alcohol, other than a minor traffic offense? If so, provide an explanation.
Note: Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety must notify the regulatory board in writing within ten working days after the charge is filed.
- Yes No** Have you had a claim for malpractice or a lawsuit filed against you alleging professional malpractice or negligence in the practice of acupuncture? If so, provide an explanation.
- Yes No** Do you have any condition that may impair your ability to practice acupuncture safely and skillfully?
- Yes No** Have you ever resigned, voluntarily or involuntarily, from a healthcare facility while under investigation or had a healthcare facility terminate, restrict, or take any other action regarding your employment, professional training, or privileges? If so, provide an explanation.

I certify that I have completed _____ hours of Continuing Education training.

Clearly Print Or Type All Information

Full Name: _____
License Number: _____ Renewal Date: _____

Business Address:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): _____ Fax Number: _____
E-Mail: _____ (Optional)

Residential Address

Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): _____

Designate which address will be your address of record which all mail will go and is of public record.

Clinic Address

Home Address

With this application for license renewal, I submit the following signed statement under penalty of perjury that the facts in the application are accurate, true and complete.

Signature

Date